

Major Changes to OSHA Recordkeeping Requirements

OSHA has required employers to keep injury and illness records since 1971, the year before APHIS was formed. Within the Federal government, recordkeeping requirements were driven by 29 Code of Federal Regulations (CFR), Part 1960, Subpart I. OSHA amended the basic program elements of 29 CFR, Part 1960, Subpart I, to make private sector recordkeeping and reporting requirements under 29 CFR Part 1904 applicable to the Federal sector. This action became effective on January 1, 2005. In the previous requirements, Federal agencies had leeway in recordkeeping and reporting. Agencies could either have used the OSHA forms, or, at their discretion, they could have recorded the same basic information in an open log book. The new requirements are more explicit, and Federal agencies will use the same forms and processes as the private sector.

OSHA's revision, which essentially adopts applicable private sector recordkeeping requirements under Part 1904 will increase the ability of Federal agency establishments to identify and track occupational injury and illness trends, extend the injury and illness recordkeeping requirements to all civilian workers in the Executive Branch. These changes will help eliminate the problems associated with non-existent injury and illness reporting for contract employees who are supervised on a daily basis by Federal workers, improve Federal agency and Federal employee awareness of the root causes of accidents in their workplace, create more consistent statistics from Federal agency to Federal agency, and resolve the problem of incompatibility of data between the private sector and Federal sector. Establishing Part 1904 recordkeeping requirements will also reduce reporting errors because Part 1904 is written in plain language, is more detail oriented, uses the question-and-answer format, minimizes ambiguity, eliminates recording of minor injuries and illnesses, and allows agencies flexibility to use computer programs to meet their OSHA recordkeeping obligations.

The existing Part 1960 system captures little data that are useful in identifying root causes of accidents, fails to adequately capture days away from work, fails completely to capture days of restricted activity or job transfer, and fails to capture important data related to bloodborne pathogens, such as needlesticks and other sharps injuries.

Forms

OSHA Form 300, Log of Work-Related Injuries and Illnesses, replaces the OSHA Federal Agency Log and the OSHA Form 100. The new Form 300 more accurately reflects injuries and illnesses at a glance than does the existing Federal agency log; injuries and illnesses for all employees, including contract employees who are supervised by Federal employees on a daily basis and whose employers do not also record, will be covered; the calendar year reporting will be consistent with the recordkeeping practices in private industry; and a unified tracking system will result for all workplace injuries and illnesses covered by OSHA.

OSHA Form 301, Injury and Illness Incident Report, replaces OSHA Form 101, Supplementary Record of Occupational Injuries and Illnesses. Form 301 is a fact-finding record of the events that may have bearing on the injury/illness. The form is completed by the parties involved, to include statements as to what activities the employee was performing and other potential causal factors.

OSHA Form 300-A, Summary of Work-Related Injuries and Illnesses, is prepared at the end of the calendar year, and work-related accident and injury rates are calculated from this form. The data for this report is obtained from the OSHA Form 300 logs. The Form 300-A must be signed by a senior manager/executive with direct responsibility for the employees covered. The summary must be completed and posted by February 1 each year and remain posted in a prominent area where all employees have access to the information until April 30 of that year.

Who prepares and maintains these forms and records?

Recording and preparing the recordkeeping forms is a shared responsibility. Dependent upon your organization and program, the affected employee, the work unit safety officer, the regional Collateral Duty Safety and Health Officer (CDSHO), Safety Manager, and supervisor may all have a role in this requirement.

Timely reporting of accidents/injury/workplace related illness to the supervisor by the employee, and in turn prompt notification to the record-keeper is required. As an example of the time constraints involved, an injured employee or their representative has the right to gain access to the OSHA 301 incident report (the right side of the form with the narratives of the accident/illness) by the end of the following business day when reported.

What are some of the major differences from the old way of doing things?

In addition to new forms, the guidelines and instructions are more explicit in what is reportable/recordable for accidents and injuries. For example, injuries which require only first aid are not recordable on the OSHA Form 300. In basic terms, first aid is providing dressings or bandages, providing medications which did not require a prescription (acetaminophen, ibuprofen, etc.), or rinsing of eyes with water or saline. A treatment not defined as first aid by OSHA, is to be considered medical treatment and must be recorded. To aid the record-keeper, decision making tree information is to be made available, and presented during training.

All needlestick/sharps injuries that may have been contaminated with potentially infectious material will be recorded. Instances of documented hearing loss will also be required to be recorded, to include significant threshold shifts found during hearing tests.

A major change for the Government, is that contract employees that are being directly supervised by a Government employee, if injured or become ill during duty, are

reported/recorded on the Government work unit accident log, even if the contract employee is covered by state or private workers compensation programs.

The new requirements will necessitate the record-keeper to record the number of days that the injured/ill employee spent away from work, on light duty, or under job restrictions (such as no high noise exposure).

Training

The Safety, Health, and Employee Wellness Branch (SHEWB) of Employee Services Division will be working with program contacts, and vendors to make training available for the record-keepers. The training should be ready and available to the record-keepers before this fiscal year's end, and may require an hour or so of the employee's time.

For further information

More detailed recordkeeping information is available at the OSHA website: www.osha.gov, to include training materials, interpretations, and the regulations that address the changes. Follow this link to see more detailed information on the recordkeeping forms: www.osha.gov/recordkeeping/new-osha300form1-1-04.pdf. SHEWB and your respective program safety and health manager, or Collateral Duty Safety and Health Officer may also be of assistance.